

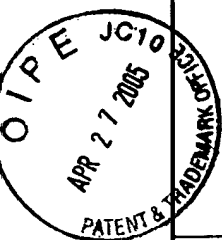
04-28-05

PTO/SB/21 (09-04)

Approved for use through 7/31/2006. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/720,330
		Filing Date	November 24, 2003
		First Named Inventor	James B. McCormick
		Art Unit	1743
		Examiner Name	Not yet known
Total Number of Pages in This Submission	2	Attorney Docket Number	55555.32

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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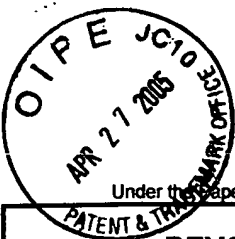
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Blackwell Sanders Peper Martin, LLP		
Signature	<i>[Handwritten Signature]</i>		
Printed Name	Kevin M. Kercher		
Date	April 27, 2005	Reg. No.	33,408

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PTO/SB/82 (09-04)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/720,330
Filing Date	November 24, 2003
First Named Inventor	James B. McCormick
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Examiner Name	Not yet known
Attorney Docket Number	55555.32

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

27128

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

27128

OR

☐ Firm or  
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name **James B. McCormick**

Date **April 27, 2005**

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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